

TOWN OF FREMONT, NEW HAMPSHIRE <u>VOLUNTARY LOT MERGER FORM</u>

As provided for in RSA 674:39-a, the undersigned applicant requests that the Town of Fremont, New Hampshire, hereby merge the following parcels of land for the purposes of being assessed and treated for regulatory purposes as a single tract or parcel of land:

Name of record owner(s) (n	nust be identical for all lots consolidated):		
Mailing address of owner(s)):		
The following existing parc	els are to be consolidated into a single par		eference
<u>MAP #</u> <u>LOT #</u>	STREET ADDRESS	BOOK	PAGE
	(Attach additional sheet if necess	ary)	
separate liens or mortgages,	ication that each of the above parcels shall or (ii) any such liens apply equally to all s on all parcels shall be current. By signing ther (i) or (ii) above.	parcels merged.	In
Owner:			

By signing below, the applicant agrees that (i) this request is subject to approval of the Fremont Planning Board to assure such merger does not create a violation of the current Zoning Ordinance or Subdivision Regulations, (i) that upon approval, a copy of this agreement shall be recorded in the Rockingham County Registry of Deeds, and (iii) subsequent to the approval of this agreement, the owner(s) shall not separately convey or encumber any of the previously existing parcels. Any attempt to separately convey any parcel or part of a parcel submitted hereunder shall require subdivision approval from the Fremont Planning Board. Any new subdivision must meet the requirements of the Subdivision Regulations that were in effect at the date of the Voluntary Lot Merger.

Dated:	Owner's signature:		
Dated:	Owner's signature:		
(For Municipal use only)			
By signature below, the application has been reviewed by the Fremont Planning Board and the lot merger shall not result in a violation of the current Zoning Ordinance or Subdivision Regulations.			
Pated: Signature: Chairman of the Fremont Planning Board			
By signature below, this request has been approved by the Fremont Board of Selectmen, who assigned the following Tax Map and Lot number to the resulting parcel:			
<u>MAP #</u> <u>LOT #</u>	STREET ADDRESS		
Dated:	Signature: Chairman of the Fremont Board of Selectmen		
* One original to be retained in Tax One original shall be forwarded t upon approval. Recorded copy to be returned to	o the Rockingham County Registry of Deeds for recording		